Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-28-10</u>	Address:	SR68 & CR 310 w	
Case #:	<u>35-30242</u>		(3022 W SR 68)	
County:	GIBSON		RURAL HAUBSTADT	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: <u>CAR</u>				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia: <u>CAR</u>				
Hydrochloric Acid Gas Generator(s): <u>CAR</u>				
Corrosive Acid:				
Corrosive Base: <u>CAR</u>				
Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrine Retail/Me	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This repor	t is to be faxed to the following agen	cies that serve the lo	ocation:	
Fire Department: <u>HAUBSTADT VFD</u> Health Department: <u>GIBSON CO</u> Child Protection Service:		Fax: 812 70 Fax: 812 33 Fax:	86 8027	
	information regarding this methamphong Officer: TRP. JOHN ALEXANDER	~		

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.